

DVL WELFARE TRUST

Form for the Change in Nominee

Date:

I, the undersigned member of DVL WEALFARE TRUST, membership no _____ &
City/ State _____ hereby request to change my nominee as follows:

Old Nominee Name & Relationship

New Nominee Details:

Name: _____

Address: _____

Relationship: _____

Effective from: ____ / ____ / ____

Charges for This Process: ₹ 100/-only) you can pay on given UPI ID

Name: - DVL WELFARE TRUST

UPI ID: - 36696142786@SBI

Note: - Attach your original certificate, a photocopy of the nominee's Aadhaar card, and the payment details with the form, and send them to the trust's office address.

Member Signature

OFFICE USE ONLY

Receiving Date:- _____

Verified by Chairman/ Hon Secretary of the trust:- _____

Date: - _____